



SCANNED TO PHARMACY

STAT MEDICATION

Physician to indicate the protocol(s) to be ordered:

Ventilator Management Protocol: (Print from Intranet)

Note: DVT and Stress Ulcer prophylaxis as described below unless contraindication or MD order.

DVT Prophylaxis:

Enoxaparin (Lovenox) 40 mg subcutaneous daily or reason for contraindication: _____

Stress Ulcer Prophylaxis:

Pantoprazole (Protonix) 40 mg IV daily or reason for contraindication: _____

----- OR make individual protocol selection -----

- Ventilator Parameters Protocol (page 3 Ventilator Management Protocol)
- Ventilator Discontinuance Protocol (page 8 Ventilator Management Protocol)
- ARDS / ALI Lung Protective Strategies Protocol (pages 14-15 Ventilator Management Protocol)
- Pain and Sedation Protocol (page 6 Ventilator Management Protocol)
- Continuous IV Insulin Infusion Protocol (goal range 110-150)

DVT Prophylaxis:

Enoxaparin (Lovenox) 40 mg subcutaneous daily or reason for contraindication: _____

Stress Ulcer Prophylaxis:

Pantoprazole (Protonix) 40 mg IV daily or reason for contraindication:

Other

Date _____ Time _____ Physician _____



**Critical Care Protocols
MD Order Sheet**

Patient Identification